

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09/445810</b> FILING DATE	
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	
2		1		1			52	
3		2		1			53	
4		0		1			54	
5		0		1			55	
6	1		1				56	
7		1		1			57	
8		2		1			58	
9		0		1			59	
10		0		1			60	
11		0		1			61	
12		0	Canceled				62	
13							63	
14				1			64	
15				1			65	
16				1			66	
17				1			67	
18				1			68	
19				1			69	
20				1			70	
21				1			71	
22					1		72	
23						1	73	
24							74	
25							75	
26							76	
27							77	
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39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
T TAL IND.		2		3			TOTAL IND.	
T TAL DEP.		18		10			TOTAL DEP.	
TOTAL CLAIMS		20		13			TOTAL CLAIMS	